

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003982

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

299

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |  | c. CITY OR TOWN <b>St. Louis</b>  |   |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>1816 Rutger</b>   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Perry</b> Middle <b>Martin</b> Last <b>Pope</b>  |  | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>7</b> Year <b>1963</b>  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/30/1914</b>                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>McCabe Powers Body Co.</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Auto Body</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Mississippi Co., Mo.</b> |
| 13a. FATHER'S NAME<br><b>Ike Pope</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Lou Pope</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>?</b>   |  | 17. INFORMANT<br>Address<br><b>Mary Lou Pope, 1816 Rutger St.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <b>Pulmonary Embolism; Myocardial Infarction;</b><br><b>following injuries suffered in Auto accident in the</b><br><b>vicinity of Sikeston, Missouri on or about</b><br><b>December 23, 1962. Cause and manner of same</b><br>DUE TO (b) <b>could not be determined</b><br>DUE TO (c) <b>could not be determined</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>OPEN VERDICT</b><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/><br><b>OPEN VERDICT</b> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>See above</b>  |   |
| 20c. TIME OF INJURY<br>Hour <b>12-23-62</b><br>a.m. <b>12-23-62</b><br>p.m. <b>12-23-62</b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>63 Highway</b>   |  | 20f. CITY, TOWN, OR LOCATION<br><b>Sikeston, Missouri</b>   |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Helew L. Taylor, Coroner</b>  |  | 22b. ADDRESS<br><b>1300 Clark Ave.</b>  |   |
| 22c. DATE SIGNED<br><b>1-10-63</b>  |  | 22d. LOCATION (City, town, or county) (State)<br><b>Mississippi Co., Mo.</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>1-10-63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Dogwood Cemetery</b>   |   |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><b>Shelby Funeral Home, East Prairie, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 10 1963</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b>  |  |   |   |

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. J. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.